



# Haryana Government Gazette

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## PART—I

## Notifications, Orders and Declarations by Haryana Government

## WOMEN AND CHILD DEVELOPMENT DEPARTMENT

The 17th December, 2013

No. 394 SW/2013.—In pursuance of National Nutrition Policy, the Governor of Haryana is pleased to frame and introduce State Nutrition Policy for Women and Children (Copy enclosed) for implementation in the State with immediate effect.

SHASHI GULATI,

Chandigarh :

The 17th December, 2013.

Principal Secretary to Government Haryana,  
Women and Child Development Department.

# **STATE NUTRITION POLICY FOR WOMEN & CHILDREN**

## **Vision**

To improve Health & Nutrition Status of vulnerable sections of society i.e. Children, Adolescent Girls and Women in the State of Haryana.

## **Mission Statement**

### **HEALTHY HARYANA THROUGH ERADICATION OF MALNUTRITION**

#### **1. INTRODUCTION**

The physical expression of widespread poverty is the condition of under-nutrition which manifests itself among large sections of the poor, particularly amongst the women and children. Malnutrition is a condition resulting from inadequate intake of food or more essential nutrient resulting in suppression of physical and mental growth. It reduces work capacity and productivity amongst adults and enhances mortality and morbidity amongst children. Such reduced productivity translates into reduced earning capacity, leading to further poverty, and the vicious cycle goes on.

Malnutrition results from several factors, all of which have their origin in poverty and ignorance. Poor socio economic conditions, parental ignorance and illiteracy, repeated infections, large families, low birth weights are some of the factors forming a vicious cycle of malnutrition. The ecology of malnutrition (Figure- I) depicts a vicious cycle of deprivation: a high death rate, a high birth rate and under nutrition – each making the impact of others worse. While overall economic development is ultimate answer to the problem, the inputs like effective maternal and child health programme, improved environmental sanitation, safe drinking water, effective fertility control and nutrition and health education can break the cycle.

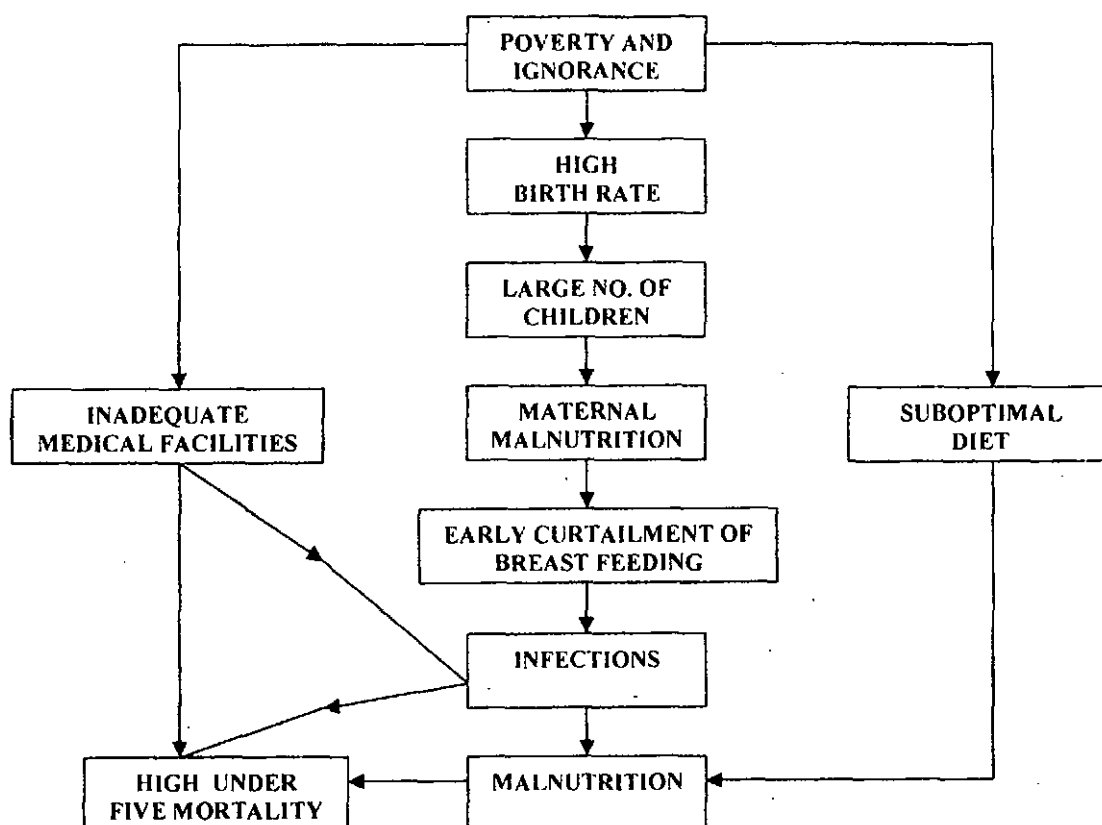


Figure 1 :- Ecology of malnutrition

## 2. NEED FOR STATE NUTRITION POLICY

The need for a State Nutrition Policy is implicit in both the paramountcy of nutrition in development as well as in the complexity of the problem. Under nutrition is resultant of processes that produces and consumes agricultural commodities on farms, transforms them into food and reaches to people to satisfy their nutritional, aesthetic and social needs. Haryana is considered a food basket still the problem of malnutrition and ill health continues to stalk the state. It is this stark reality that underscores the need for State Nutrition Policy. Increased food production does not by itself necessarily ensure nutrition for all. BPL is nutritionally at risk population and even within this group the women and the children represent nutritionally the most fragile section. Gender discrimination is another contributory factor. All this emphasize the complexity of the problem and need for formulating State Nutrition Policy consciously and at several levels. Mere economic development or even adequacy of the food at house hold levels is no guarantee for a stable and satisfactory nutritional status. At the same time, however, the overall development strategy is likely to have a pronounced bearing on what nutritional planning can accomplish. Nutrition has to be tackled independently along with other development issue within a given time frame.

### 3. PRESENT NUTRITION SITUATION

Malnutrition is no longer considered an outcome of food deficiency or a health problem as a multi-dimensional problem interfacing all efforts of developing human resources. The nutritional status of a nation is closely related to food adequacy and its distribution, levels of poverty, status of women, rate of population growth and access of its population to health, education, safe drinking water, environmental sanitation, hygiene and other social services, while the extent of economic growth forms its bed rock. The nutritional status is, thus, as outcome of complex and inter-related set of factors.

The levels of food grain production and the per capita food availability are the important factors for assessing the nutrition situation in the country. While rapid strides in agricultural production in recent years has helped India in achieving national food security, there has been no significant impact on the overall nutritional status of its population since the per capita availability of food, which is a key index to the food situation has not changed appreciably as brought out by the Food Consumption Surveys.

#### 3.1 Nutrition Scenario of Haryana.

As per National Family Health Survey (NFHS-3), 2005-06, the intake of milk or curd and pulses was higher in men as compared to women. The frequency of consumption of milk or curd by women & men on daily basis is 56.7% & 70.2% respectively. Pulses are consumed on daily basis by 40.1% women and 55% men. The consumption of green leafy vegetables by men & women is 47.7% & 49.5% respectively. Only 13.3% of men and 15.5% of women consumes fruits on daily basis. The consumption of egg, fish, chicken/meat etc. is negligible in the state.

##### 3.1.1 Intake Pattern

The State Nutrition Profile of Haryana, based on the Indian Nutrition Profile (1998) developed by Women and Child Development Department, Govt. of India reported that average dietary intake of cereals, roots and tubers, milk and its products, fats and oils and sugar was adequate in the state when compared with their recommended allowance. Green leafy vegetables were consumed in lesser quantity than the recommended allowance. Average fruit consumption was also low while flesh food consumption was almost absent in the State. The intake of pulses is also inadequate in all the districts of the State.

### 3.1.2 Food consumption

Average calorie consumption in the State (433g/cu/day) was comparable with the recommended allowance while consumption of roots and tubers, milk and its products, fats and oils and sugar was above the respective recommended allowance. However, average intake was deficient for pulses and green leafy vegetables, the extent of deficiency being 35 and 47.5 percent respectively below the respective RDAs. From the present survey date, it appeared that the rural population of Haryana did not consumed flesh food at all. Average fruit consumption in the State was also as low as 13 g/cu/day.

The average intake of cereals and vegetables was higher among girls as compared to boys whereas on an average, almost same amount of pulses, vegetables and other food items were consumed by boys and girls in the age group 1-3 years. Almost same trends were observed in 4-6 years with marginal variation. No marked variation was observed in average consumption of food stuff between boys and girls in the age of 7-12 years, except that consumption of milk and its products was much lower among girls than boys in the age group 10-12 years. Cereals were consumed in lower amount by adolescent girls than boys.

### 3.1.3 Food Frequency

Cereals, the bulk of the diet, were consumed daily by all the households (99.5%). Millets were consumed daily by 11 percent, weekly by 10 percent and seasonally by 17 percent of the households surveyed. Pulses were consumed either daily (31%), weekly (62%) or fortnightly (6%) by majority of the households. Average roots and tubers were consumed by 70 percent households daily and 27 percent weekly while other vegetables were consumed daily by 52 percent and weekly by 40 percent household. Green leafy vegetable were taken daily by 30 percent and weekly by 38 percent households. Generally, fruit was consumed monthly (24%), or fortnightly (23%), through 20 percent of the households also took it weekly. Another 22 percent took fruits either daily, seasonally or occasionally. Flesh food was not consumed by the surveyed households in most of the districts. A total of only 12 percent of the households consumed it on different frequencies in a few districts. Fats and sugar, however, were daily food items in all the households.

### 3.1.4 Nutrients intake

The average daily intake of energy (2336 kcal/cu) and vitamin C (39 mg/cu) was comparable to the RDA in the State while overall intake of protein, calcium, thiamine and niacin was in excess of respective RDAs. Calcium and thiamine were consumed double the amount of recommended allowance. On the other hand, average iron, riboflavin and vitamin A intake was deficient as compared to the RDAs by 8, 22 and 31 percent respectively.

### **3.2 Nutrition Problems**

#### **3.2.1 Protein Energy Malnutrition (PEM)**

According to National Family Health Survey -3 (2005-06), in Haryana almost half of the children (46%) under age five are stunted or too short for their age, which indicates that they have been undernourished for some time. 19% are wasted, or too thin for their height, which may result from inadequate recent food intake or recent illness. 39.6% are underweight which takes into account both chronic and acute under nutrition. The %age of children who are underweight has increased between NFHS -2 and NFHS-3.

#### **3.2.2 Iron Deficiency Anaemia**

Nutrition anaemia is a major health problem in Haryana, especially among women & children. As reported in NFHS- 3, among children between the ages of 6 to 59 months, a large majority -72 % are anaemic in Haryana. This includes 26% who are mildly anaemic, 42% who are moderately anaemic and 4% who suffer from severe anaemia. 56% of women in Haryana have anaemia, including 38% with mild anaemia, 17% with moderate and 2% with severe anaemia. Anaemia among children age 6-35 months has decreased by only 2% in the seven years since NFHS -2. 82% children in the age of 6 -35 months and 56% women are anaemic despite of good food availability in the State.

#### **3.2.3 Iodine Deficiency Disorder**

In India, nearly 40 million persons are estimated to be suffering from goitre and 145 million are living in the known goitre endemic regions. It is also estimated that 2.2 million children are afflicted with cretinism and about 6.6 million are mildly retarded and suffer from varied degree of motor handicaps. It is estimated that iodine deficiency also accounts for 90,000 still births and neo-natal deaths every year.

#### **3.2.4 Vitamin A Deficiency:**

An estimated 5-7 % children in India suffers from eye signs of Vitamin A deficiency. Even mild Vitamin A deficiency probably increases morbidity and mortality in children. Vitamin A deficiency is assessed on the basis of conjunctival xerosis and bitot's spot. As per State Nutrition Profile of Haryana (1998), about 0.25 % children (1-5 years) suffer from bitot's spot. In the school going children, corneal xerosis and bitot's spot prevalent among 0.03 and 0.05 % children respectively. As per NFHS-3 , only 16 % of last- born children age 12-35 months were given Vitamin-A supplement in past 6 months.

#### **3.2.5 Breastfeeding Practices:**

Infant and young child feeding practices remain far from optimal indicating early initiation of breast feeding only 22% , exclusive breast feeding 17% and introduction of complementary feeding after 6 month of age is 46 % in Haryana State.

#### 4.0 NUTRITION GOALS

The ultimate goal of Government is to develop and implement a comprehensive, Integrated and multi-sectoral strategy based on an inter-sectoral approach. The State Nutrition Policy, thus developed will be both the guiding force and the framework for implementation of multi-sectoral strategy to achieve the nutrition goals.

The State Nutrition goals to be reached by end of 12<sup>th</sup> plan would be as under:

- Reduction in moderately underweight children (0-5 years) by 10 percentage point over 5 years.
- Reduction in severely underweight children (0-5 years) by 50%.
- Reduction in incidence of low birth weight by 10%.
- Elimination of blindness due to vitamin 'A' deficiency and reduction in bitot spot in children.
- Reduction in Iron deficiency anaemia among women, pregnant women and children by 20%.
- Reduction of iodine deficiency disorder- Goitre prevention.
- Improvement in full immunization coverage of children.
- Continuous and systemic dissemination of information on nutrition health and hygiene in children of primary and secondary education.
- Ensuring dissemination of information in adolescent boys & girls on prevention of anaemia, early marriage, delay of pregnancy till age of 20yrs. Infant & young child feeding and hygiene.
- Promotion of Institutional deliveries.
- Promotion of intake of IFA tablets during pregnancy and ensuring nutrition & health education to Pregnant and nursing mothers.

#### 4.1 MEASURABLE OUTCOMES

Sr. No.	Indicators	Current Status	Target (end of 12 <sup>th</sup> plan)
1	Reduction in percentage of moderately under weight children(0-5years)	39.6% NFHS-3 (2005-06)	29.6%
2	Reduction in percentage of moderately underweight children(0-5years)	19.1% NFHS-3(2005-06)	9.5%
3	Reduction in incidence of low birth weight babies.	12.5% (April-June,2013) Health Management Information System data	10%

4	Reduction in prevalence of vitamin A deficiency(0-5 yr)	Approx.0.6% Indira Bal Swasthaya Yojna Survey (2012-13)	0.4%
5	Reduction in prevalence of anaemia in children 6 months -59 months	72% NFHS-3(2005-06)	60%
6	Reduction in prevalence of anaemia in women	56% NFHS-3 (2005-06)	40%
7	Immunization coverage of children	59.3% District Level Health Survey-3(2007-08)	80%
8	Increase in food grain production	170.05 lac MTs (2012-13)	205.7 lac MTs
9	Increase in Pulse production	2.21 lac MTs (2012-13)	2.97 lac MTs
10	Increase in oil seeds production	10.98 lac MTs (2012-13)	11.61 lac MTs
11	Increase in Milk production	66.61 lac tons	81.00 lac tons
12	Increase in Meat production	132.07 lac Kgs	180.00 lac Kgs
13	Increase in Egg production	41140 lac Nos.	47000 Lac Nos.

## 5.0 STATE STRATEGY

Nutrition is a multi-sectoral issue and needs to be tackled at various levels. Nutrition affects development as much as development affects nutrition. It is, therefore, important to tackle the problem of nutrition both through direct nutrition intervention for specially vulnerable groups as well as through various development policy instruments which will create conditions for improved nutrition.

### 5.1 IMPLEMENTATION STRUCTURE

- (i) A State Nutrition Council will be constituted with Chief Minister as Chairman and Ministers of Departments and experts as member to coordinate guide and review the implementation of State Nutrition Policy.
- (ii) A State Executive Committee of State Nutrition Council under Chairmanship of Chief Secretary will be constituted to coordinate and guide for preparation of State Nutrition Plan and District Nutrition Plan.



- (iii) State Advisory Committee under the Chairmanship of Principal Secretary, Women & Child Development Department will monitor the sectoral plans of the Department.
- (iv) District Level Nutrition Committees will be formed to prepare and implement district action plan.

The measures enumerated have to be administered by various departments and there should be close collaboration between the departments. Concerned Departments should develop their action plan and implement to bring about improvement in the Nutritional Status of Women & Children.

## **6.0 SECTORAL PLANS**

The sectoral plan, represent a starting point in their process of analysis, articulation, planning, reinforcing and monitoring each sector's contributions for reducing malnutrition in the state. The clear statement of nutritional objectives, review and analysis of existing policies and programme, development of strategies and action plans will help integrate and institutionalize these processes into sectoral planning as well as contribute to strengthening State development planning.

The sectoral plans define the general objectives, specific objectives and activities for the sectors which can contribute to nutrition improvement through their respective programmes. These sectors are Women and Child Development, Health, Education, Public Health – Engineering, Food & supplies, Agriculture, Horticulture, Animal Husbandry and Dairying, Labour and Rural Development.

### **6.1 WOMEN AND CHILD DEVELOPMENT DEPARTMENT**

#### **General Objective**

To improve nutrition and health of women and children through strengthening and expansion of ICDS programme.

#### **Specific Objectives**

- I. Universalisation of ICDS scheme to cover all habitations.
- II. To reduce the prevalence of under nutrition by focusing on children (up to 5years), pregnant & breast feeding mothers for enhanced child survival, nutrition, development and learning outcomes.
- III. To promote infant and young child feeding practices to check growth faltering and malnutrition among children.
- IV. To create nutritional awareness among the people.

- V. To promote convergence of services of related departments & to coordinate at various levels.
- VI. To create database and knowledge base for child development services.
- VII. Extending services to adolescent girls under Kishori Shakti Yojna (KSY) and SABLA
- VIII. To control micronutrient deficiencies by sensitizing policy makers, professional groups, programme personnel, extension workers and beneficiaries.
- IX. Empowerment of women through various schemes / programmes.
- X. To enhance capacity and strengthen infrastructure at all the levels.

#### **Core Activities**

- 1. Assessment of nutritional status of children through survey.
- 2. Strengthening ICDS through operationalisation of all the Anganwadi Centres sanctioned by Govt. of India and to provide of supplementary nutrition as per nutritional and financial norms.
- 3. Community based care & management of underweight children through 100 % weighing of all children up to 5 years and organisation of Sneh Shivirs at the AWCs in convergence with Health Department.
- 4. Trainings, counselling and awareness generation on optimal infant and young child feeding practices.
- 5. Strengthening of ICDS Management Information System (MIS) and Information, Communication, Technology (ICT) to strengthen the information base and facilitate sharing and dissemination of information.
- 6. Improved immunization and micro-nutrient supplementation through regular fixed immunization day.
- 7. Provision of Awards / Incentives at different level to motivate the mothers on nutrition issues.
- 8. Implementing Kishori Shakti Yojna & Sabla Scheme for adolescent girls with a view to improve their status, awareness and triggering appropriate behavioural changes.
- 9. Setting up of Nutrition Cell in the department of Women and Child Development to enable it to function as nodal agency for implementation of State Nutrition Policy.

#### **Secondary Activities**

- 1. To ensure regular training and capacity building of all service providers and functionaries at all the levels to equip and enhance their skills and knowledge on child care and development standards.
- 2. Awareness generating through the community involvement specially women regarding various aspect of nutrition and health with special focus on malnutrition and strategies to

check it and community based monitoring system through the Panchayati Raj institutions in the management of nutrition and the child mother care programmes with a special focus on young (0-3) child programmes.

- 3 Joint action plan with public health and engineering department for provision of toilet and safe drinking water in AWCs.
- 4 Improving the economic and social status of women through awareness generation and education.

## **6.2 HEALTH DEPARTMENT**

### **General Objective**

Improving the nutritional status of women and children through nutrition prophylaxis programme, health and nutrition education and public health measures.

### **Specific Objectives:**

- I. To promote good Infant and Young Child Feeding practices.
- II. To reduce Iron Deficiency anaemia and other micronutrient deficiencies among children, adolescent girls, pregnant & lactating mother.
- III. To improve full immunization coverage of children
- IV. To reduce in deaths due to diarrhoea by universalization use of ORS & Zinc for management of diarrhoea in children.
- V. To reduce deaths due to ARI among children by managing Acute Respiratory Infections.

### **Core Activities:**

1. Sensitization workshops and trainings of health functionaries on IYCF to promote early breastfeeding, proper weaning practices and breastfeeding support, through Yashoda workers provided at the district hospitals and ensuring implementation of Infant Milk Substitute Act.
2. Iron supplementation & biannual deworming tablets to Children, pregnant and lactating mothers as per GOI guidelines.
3. Provision of Blue Iron tablets for all government school children in class 6 to 12 & out of school girls under SABLA Scheme under WIFS programme.
4. Immunization to cover all children.

5. Management of micronutrients disorders through vitamins supplementation (vitamin A & D, Calcium, Zinc, B12). Administration of 9 doses of Vitamin A for all children up to 5 years of age as per GOI guidelines.
6. Making ORS and Zinc available to every health institution up to sub- centre level as per national diarrhoea management guidelines to reduce the incidence and severity of diarrhea and establishment of ORS corners in all public Health Hospitals.
7. Rolling of malnutrition management programme in convergence with WCD.
8. Free referral transport using 102 of complicated SAM and MAM children.
9. Establishment of District Early Intervention Centres (DEICs) in all the districts to address the 4 Ds – disease, disability, deficiency, and developmental delays in children under the IBSY programme.

### **Secondary Activities**

Training of health functionaries & Management of children with ARI (Acute Respiratory Infection) according to IMNCI protocol.

## **6.3 EDUCATION DEPARTMENT (Elementary & School Education)**

### **General Objective**

To provide convergent services under Education sector to enhance the nutritional and health status of the community with special emphasis on girls education and improved status of women.

### **Specific Objectives:**

- I. To achieve universalisation of education of children, particularly girls and disadvantaged groups.
- II. To incorporate basic health and nutrition education in school curriculum.
- III. Ensuring dissemination of information in adolescent boys & girls on prevention of anaemia, early marriage, delay of pregnancy till age of 20yrs, Infant & young child feeding and hygiene.
- IV. To impart functional literacy for improving economic status and nutritional wellbeing of the community.

### **Core Activities**

1. Provision of nutrition under Mid-Day meal scheme to children in school.
2. Provision of Nutrition Supplement Chart indicative of nutrition requirement to school children.

**Secondary Activities**

1. Enlisting support of Village Education Committees (VECs) having adequate representation of women and the disadvantaged groups, to ensure regular participation of children in the educational process.
2. Attempt convergence between primary school system and ECCE activities in terms of timings, use of school building, training of personnel and resource sharing.
3. Intervention in the areas of health, sanitation and nutrition for primary and upper primary stages.
4. Identifying capable and committee NGOs, providing necessary assistance and encouragement to them to take up programmes of nutritional relevance.
5. Imparting training to teachers in the areas of health and nutrition education through DIETs. Specific time allocation to be made for this purpose and the concern to be reflected in pre-service and in-service training curricula.
6. Orientation to district/ block and village level, officials, through DIETs to sensitize them to the need and significance of convergence of services under education sector for improved nutritional status.
7. Dissemination of messages on health, sanitation and nutrition through Total Literacy Campaigns and other programmes of continuing education.
8. Improving infrastructure at schools by providing safe drinking water, sanitation and hygienic environment as well as facilities for regular health and nutrition status check-up.

**6.4 PUBLIC HEALTH ENGINEERING DEPARTMENT****General Objective**

Ensuring access to physical amenities like potable water supply, sewerage, drainage (only in urban areas) etc. to improve nutrition level of people.

**Specific Objectives**

- I. To ensure access to safe drinking water
- II. To have water quality monitoring and surveillance in rural as well as urban areas.
- III. To provide sewerages / storm water system in the State.
- IV. To generate awareness, civic sense among the public for efficient use of drinking water and to adopt public private partnership.

**Core Activities**

1. Provision of safe drinking water in rural and urban areas.
2. Awareness generation on safe drinking water and hygiene in convergence with school, ICDS, Health Centres, PRI and SHG groups etc.
3. Provision of potable water in all Govt. Schools and Anganwadis located in public buildings in rural and urban areas.

**Secondary Activities**

- 1 Safe disposal of sewage water from household to sewage treatment plant.
- 2 Treatment of sewage water upto tertiary level to make it suitable for irrigation purpose.
- 3 Maintenance of water supply/sewerage/storm water system (only in urban area).
- 4 Augmentation of sewerage system under various programmes i.e. NCR & sewerage and augmentation of water supply system under various programmes such as augmentation, NRDWP, NCR, DDP, NABARD and Indira Gandhi Drinking Water Scheme (IGDWS) etc.
- 5 Provision of water supply facility in all SC households / habitations.
- 6 Training of women self-help groups and other community workers on safe drinking water and toilets to prevent diseases and malnutrition.
- 7 Carryout water quality monitoring surveillance and testing kits of water samples through PHED/ Health Department for awareness generation.
- 8 Involvement of women groups in water monitoring, awareness generation and IEC activities.

**6.5 FOOD AND SUPPLIES DEPARTMENT****General Objective**

Ensuring food security at the household level by making the essential food items available through the Targeted Public Distribution System (TPDS) to the people particularly to the disadvantaged sections of the society.

**Specific Objective**

- I Distribution of wheat, sugar and kerosene oil through a network of Fair Price Shops under Targeted Public Distribution System (TPDS).
- II To provide other commodities like pulses, edible oils, coarse grains, iodised salt and Oral Rehydration Salts (ORS) packets etc. to the identified beneficiaries depending upon circumstances and resources.

**Core Activities**

Strengthening of implementation of Targeted Public Distribution System (TPDS) to distribute food items and other commodities.

**Secondary Activities**

Ensuring effective management in TPDS, keeping in mind transparency, accountability and fair play.

## 6.6 AGRICULTURE DEPARTMENT

### General Objective

To ensure state level food security including adequate production while balancing nutritional considerations in Agriculture Policy.

### Specific Objectives

To ensure increased production of various crops/food grains with a view to match the nutritional requirements of the population.

### Core Activities

1. Ensuring increased production of food grains, pulses and oilseeds through appropriate planning and improved technology.
  - Foodgrain production is targeted to be increased from 170.05 lakh MTs (2012-13) to 205.74 lakh MTs (2016-17) by the end of 12<sup>th</sup> Five Year Plan.
  - Pulses production is planned to be increased from 2.21 lakh MT (2012-13) to 2.97 lakh MT (2016-17) by the end of 12<sup>th</sup> Five Year Plan.
  - Oilseed production is targeted to be increased from 10.98 lakh MT to 11.61 lakh MT by the end of 12<sup>th</sup> Plan period.

### Secondary Activities

1. Emphasis on encouragement of judicious use of chemical fertilizers and need based use of pesticides to reduce the pesticides residual level in different foodgrains.
2. Intensifying programme for upgrading the skills and knowledge of women farmers so as to improve their economic conditions and standard of living.

## 6.7 HORTICULTURE DEPARTMENT

### General Objective

To ensure increased production of fruits and vegetables with a view to improve the nutritional status of population.

### Specific Objectives

To promote the production of vitamin A and Iron rich foods and increase awareness to improve consumption.

### Core Activities

1. Under National Horticulture Mission, area expansion of fruits in clusters which are rich sources of iron and vitamin 'A' & 'C' such as mango, guava and citrus.
2. Supply of quality planting material.

3. Expansion of quality vegetables which are source of vitamin-A, Iron and vitamin-C such as leafy vegetables, root and tuber vegetables, cucurbits and pod vegetables (Peas etc.).
4. Identification and distribution of seeds/saplings and planting material of well-known species rich in iron, vitamin-A, vitamin-C etc. to the household by popularization of kitchen gardens.

### Secondary Activities

1. Promotion of organic farming in the state.
2. Creation of awareness to reduce the indiscriminate use of chemical/ pesticides etc.

## 6.8 ANIMAL HUSBANDARY & DAIRYING

### General Objective

Formulating and implementing the programmes pertaining to livestock sector with the goal of enhancing production and productivity of livestock and poultry to increase availability of milk, meat and eggs in the State.

### Specific Objectives

- I. To make available sufficient quantity of different livestock produce to the people of the State.
- II. To provide sustainable income support for animal husbandry so as to increase production of milk, eggs and meat and to give nutritional support to family and society.

### Core Activities

1. Formulating and implementing programmes to provide nutritional and income support to poor families such as backyard poultry, establishment of sheep and goat units and small dairy units of 2-3 milk animals.
2. Improving per head productivity of animals.
3. The production target of different livestock produce will be further increased to the level as given below.

### Projected Targets for Livestock Produce during 12<sup>th</sup> Five-Year Plan

S. No.	Components	Achievements at the end of 11 <sup>th</sup> Plan 2011-12	Targets for the end of 12 <sup>th</sup> Five Year Plan 2016-17
1.	Milk production (in lac tons)	66.61	81.00
2.	Meat Production (in lac kgs)	132.07	180.00
3.	Egg Production (in lac Nos.)	41140	47000



### **Secondary Activities**

- 1 Making the State livestock disease-free for optimum production.
- 2 Improving the hygiene in production of milk and other animal products and marketing system thereof.
- 3 Diversifying bouquet of animal product and create infrastructure for their quality assurance.

## **6.9 LABOUR DEPARTMENT**

### **General Objective**

Protecting and promoting the nutrition of agricultural, construction, industrial and other labour with special emphasis on children and women at work, through formulation and enforcement of appropriate labour laws.

### **Specific Objective**

To promote optimum nutrition besides safety, health and welfare of labour.

### **Core Activities**

Ensuring of the crèche facility for children of industrial worker provided in the industrial establishments in accordance with rule 81 of the Punjab Factory Rules, 1952 read with section 48 of the Factories Act, 1948 as applicable to State of Haryana. Ensuring that such facilities will have sufficient arrangement for adequate nutrition to the children lodged therein.

## **6.10 RURAL DEVELOPMENT DEPARTMENT.**

### **General Objective .**

Improving purchasing power of the people in rural areas through employment generation and poverty alleviation programmes with a view to improve food security at the household level.

### **Specific Objectives**

- I. To strengthen rural poverty alleviation programmes focusing on income generation through schemes like Mahatma Gandhi National Rural Employment Guarantee Scheme and Rural Livelihood Mission etc. with particular emphasis on women.
- II. To upgrade the skills of Rural Youth with special focus on adolescent girls through Aajeevika.

**Core Activities**

Encouraging involvement of the people and local Panchayati Raj Institutions at different levels for effective dissemination of awareness and education regarding nutrition along with implementation of schemes on nutrition.

**Secondary Activities**

- 1 Strengthening effective implementation of the restructured poverty alleviation programmes like Aajeevika as well as Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS).
- 2 Undertaking area development programmes etc. to have direct attack on rural poverty.
- 3 Creating greater job opportunities in the rural areas through infrastructural development in the area.
- 4 Improving linkages with other sectors implementing nutrition, health and welfare schemes with a view to converge services on the beneficiaries.
- 5 Effective implementation of the skill up-gradation scheme like Aajeevika.
- 6 Better monitoring of women's participation in various income generation and poverty alleviation programmes such as Aajeevika and Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) etc.

**7.0 FUNDING**

- Since nutrition is a multi sectoral issue, hence it needs to be tackled at various levels by the different departments in convergence while synergizing their energies and funds available to them. The various schemes for the purpose will be funded by central and state govt. The department allocate funds to activities related to nutrition.
- Creation of Nutrition Cell will be funded by State Govt.

**8. MONITORING & EVALUATION**

- Assessment, analysis and monitoring are essential elements of any endeavour, directed at improving nutritional well-being. Each sector would be reviewing and strengthening their information system so as to be able to provide reliable data on various indicators for monitoring goals set in State Nutritional Policy.
- Core Activities will be reviewed
- Nutrition Cell will be created by Women and Child Development Department which will facilitate the monitoring & reviewing of sectoral plan by State Advisory Committee under the Chairmanship of Principal Secretary, Women & Child Development Department.

## SOCIAL JUSTICE AND EMPOWERMENT DEPARTMENT

The 30th December, 2013

**No. 870 SW(4)2013.**—The Governor of Haryana is pleased to shift the 'Indira Gandhi Priyadarshni Vivah Shagun Scheme' from welfare of Scheduled Castes and Backward Classes Department to Social Justice and Empowerment Department covering only general categories beneficiaries *i.e.* Non-Scheduled Castes and Non-Backward Classes. The Welfare of Scheduled Castes and Backward Classes Department will continue to implement this scheme for the reserved categories of beneficiaries. The scheme will be implemented by the Social Justice and Empowerment Department *w.e.f.* 1st April, 2013.

**1. OBJECTIVE**

To provide financial assistance on the occasion of marriage of daughters of general categories eligible beneficiaries *i.e.* Non-Scheduled Castes and Non-Backward Classes. The scheme for reserved categories is being implemented by Welfare of Scheduled Castes and Backward Classes Department separately.

**2. COVERAGE**

- (i) The people of general categories living below poverty line.
- (ii) Widow living below poverty line on the marriage of her daughter.
- (iii) The families having land holding of less than 2.5 acres or income less than ₹ one lakh per annum.
- (iv) Women who becomes widow or divorcee and wants remarriage provided she is otherwise eligible for the assistance and have not availed this assistance earlier for her own marriage.
- (v) Destitute girls living in Government/Government aided NGOs/institutions. The condition of Below Poverty Line will not be applicable in this case.
- (vi) Orphan girls living with their guardians on their marriage. The condition of Below Poverty Line will not be applicable in this case.

**3. ELIGIBILITY**

- (i) The beneficiary should be Haryana domicile.
- (ii) The girl must be at least 18 years of age *i.e.* the minimum legal age for the marriage of a girl on the date of marriage.
- (iii) The name of the beneficiary should be in the list of below poverty line, if assistance is being sought on this ground.
- (iv) This assistance will be given only up to the marriage of two daughters in a family.
- (v) The beneficiary will provide a certificate regarding age proof of the girl such as birth certificate/matric certificate/certificate issued by a Doctor of Primary Health Centre.
- (vi) The beneficiary will provide a certificate regarding land holding issued by the concerned Patwari.
- (vii) Self attested declaration may be provided by the beneficiary with regards to his/her income.

**4. BENEFIT**

The benefit is admissible as below :

- |   |              |
|---|--------------|
| (i) To Widow (B.P.L.), Orphans, Destitute girls   | Rs. 31,000/- |
| (ii) The families having land holding of less than 2.5 acres or income less than ₹ one lakh per annum | Rs. 10,000/- |
| (iii) Other beneficiaries except in (i) and (ii) above  | Rs. 11,000/- |

**Note :—**The clause (ii) of para 4 (Benefit) shall be applicable to the beneficiaries of Scheduled Castes and Backward Classes categories and same shall be implemented by Welfare of Scheduled Castes and Backward Classes Department.

## 5. PROCEDURE

- (i) The parents/guardians seeking this assistance will submit an application to the respective District Social Welfare Officer at least one month prior to the marriage in the proforma enclosed at Annexure 'A'.  
Application submitted after the completion of marriage ceremony (not later than 30 days) will be put up to concerned District Social Welfare Officer, application submitted after the completion of marriage ceremony (not later than 60 days) will be put up to concerned Deputy Commissioner and in exceptional circumstances, application submitted up to six months after the completion of marriage ceremony shall also be entertained and will be put up to concerned Principal Secretary who after conducting such an enquiry as he/she may deem fit and after satisfying himself/herself about the genuineness of the marriage, may condone the delay of submission of application not later than 30 days by concerned DSWO, not later than 60 days by the concerned Deputy Commissioner and up to six months by the concerned Administrative Secretary respectively and allow the benefit under the scheme.
- (ii) The District Social Welfare Officer will scrutinize the applications in accordance with rules and will forward with his/her recommendations to the respective Deputy Commissioner for sanction.
- (iii) After the approval of the Deputy Commissioner, concerned District Social Welfare Officer will draw the amount from the treasury and make the payment to the concerned beneficiary by crediting the amount in his/her bank account.
- (iv) In case of destitute girls living in Government/Government aided NGOs/institutions, applications form for the assistance under the scheme may be submitted by the Head of the Institution. Besides this, an affidavit should be taken from the Head of the Institution that they have not taken any type of grant/financial assistance from other source of the Government/Government Institution.
- (v) All efforts shall be made by the concerned authorities to ensure that the assistance is disbursed before marriage.

## 6. INFORMATION

The District Social Welfare Officer shall maintain a register in the prescribed format and shall dispose of the cases strictly on first-come-first-serve basis and a monthly report in this regard shall be submitted to the Directorate of Social Justice and Empowerment, Haryana.

## 7. REJECTION OF CLAIM

No application shall be rejected by the District Social Welfare Officers at their level and all such applications shall be decided by the Deputy Commissioner of the district concerned, whose decision shall be final.

## 8. APPEAL

If aggrieved by the decision of Deputy Commissioner, the claimant or beneficiary can file an appeal before the Director/Director General, Social Justice and Empowerment, Haryana within one month of the marriage.

9. The Director/Director General, Social Justice and Empowerment shall be over all in charge of the scheme and necessary instructions with regard to its proper enforcement and accounting procedure shall be issued by him from time to time.

10. The expenditure on the administration of the scheme including the cost of computerization charges or any other expenditure on disbursement of allowance shall be debitable to the head of accounts as prescribed by the Government from time to time.

P. K. DAS,

Chandigarh :  
The 11th December, 2013.

Principal Secretary to Government Haryana,  
Social Justice and Empowerment Department.